

Case Number:	CM14-0046226		
Date Assigned:	07/02/2014	Date of Injury:	07/17/2013
Decision Date:	08/05/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Based on the records provided, this patient is a 62-year-old female who reported an industrial/occupational work-related injury on 7/17/2013. The injury occurred as a result of an automobile accident during her normal job duties as a hospice nurse when another driver missed the stop sign and hit her. She suffered a torn meniscus in her left knee and to her discs in the lumbar area, upper back, and rotator cuff injury in her right shoulder and for herniated disc in her neck as well as a chest contusion when subsequently hitting the airbag. There was one prior work related injury also while driving a car that occurred in the July of 2012 but resolved with treatment and physical therapy. She has been diagnosed with anxiety disorder moderate to severe with the features of PTSD (post traumatic stress disorder), depressive disorder not otherwise specified. A request for 10 sessions of psychotherapy was non-certified with a proposed modification. This independent medical review will address the request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Psychotherapy x 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, cognitive behavioral therapy Page(s): 23-24.. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Mental/Stress chapter topic psychotherapy guidelines, June 2014 update.

Decision rationale: The decision for non-certification of 10 sessions of psychotherapy with a modification proposed to allow for six sessions was correct and in accordance with the MTUS/ODG Disability Guidelines for psychotherapy. An initial trial of sessions, typically either 3-4 sessions, or 6 sessions, depending on which reference guidelines are used, is required to determine the patient's response to treatment and if the treatment is likely to result in functional improvements and progress. This decision to decrease the number of sessions offered as a treatment trial 10 to 6 is a procedural decision that is in accordance with the treatment guidelines; it is not a statement that the patient does not need a certain number of sessions. It is designed to insure that the treatment is effective before it is allowed to continue. According to the ODG June 2014 updated treatment guidelines 13 to 20 sessions in total as a maximum may be allowed if treatment progress is being made, or in the case of severe depression additional sessions up to 50 may be allowed if progress is being made. Again, this decision is simply a request that the treating provider follow procedural guidelines for documenting treatment outcome after initial block of sessions in order to warrant and justify and demonstrate that their sessions of psychotherapy are medically indicated. My finding after reading the patient's chart is to not overturn the treatment decision of non-certification.